

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Gila
District of Globe
Town of Globe or City of Globe (No. _____ St. _____ Ward _____)

ORIGINAL CERTIFICATE OF BIRTH
State Index No. 134
Co. Register No. 128
Local Registrar's No. _____

FULL NAME OF CHILD Andrew Wright
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>Y</u>	Date of Birth <u>March 10</u> 191 <u>8</u> (Month) (Day) (Yr.)
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FATHER Full Name <u>Ruben A. Wright</u> Residence <u>Globe, Ariz.</u> Color or Race <u>White</u> Age at last Birthday <u>33</u> (Years) Birthplace <u>Clarence, Texas</u> Occupation <u>Miner</u>	MOTHER Full Maiden Name <u>Jessie Carpenter</u> Residence <u>Globe, Ariz.</u> Color or Race <u>White</u> Age at last Birthday <u>25</u> (Years) Birthplace <u>Graubury, Texas</u> Occupation <u>Housewife</u>
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Number of child of this mother... 1... Number of children, of this mother, now living... 0... Were precautions taken against Ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on March 10 1918, at 9:30 P. M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Alvin Kirmse M.D.
(Attending physician, midwife, householder*)

Address Globe, Ariz.
B. G. J. J.
LOCAL REGISTRAR.

Supplemental report _____ 191____

163-310-139
COUNTY REGISTRAR.

Filed March 12 1918
A True Copy
Filed Apr 5 1918
COUNTY REGISTRAR.